

**LSI LOGIC****FAX COVER SHEET**

**LSI LOGIC CORPORATION**  
**Office of General Counsel**  
**1621 Barber Lane**  
**M/S D-106**  
**Milpitas, CA 95035**  
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**From:** **Name:** Manu Kashyap, Intellectual Property Paralegal  
**Corporate Legal Dept.**  
**Telephone:** (408) 433-7475  
**Fax:** (408) 433-7460  
**Re:** 10/635,015

**Number of Pages Including this Page** 5

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**MESSAGE:**

**US Serial No.: 10/635,015**  
**Filing Date: August 4, 2003**  
**Group Art Unit: 2131**  
**Docket No: 03-0340**  
**Examiner:**  
**Filing of IDS Statement**

Please notify us immediately if any pages are not received.

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 PTO/SB/21 (12/97)  
 Approved for use through 9/30/2000. OMB 0651-0031  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE


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<h1 style="margin: 0;">TRANSMITTAL FORM</h1> <p style="margin: 0;">(to be used for all correspondence after initial filing)</p>		Application Number	10/635,015			
		Filing Date	August-04, 2003			
		First Named Inventor	Christopher Hamlin			
		Group Art Unit	2131			
		Examiner Name				
Total number of pages in this submission		4	Attorney Docket Number	03-0340		
ENCLOSURES (check all that apply)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits(s)/declaration(s)  <input type="checkbox"/> Extension of time request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Assignment Papers  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Paper  <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  <input type="checkbox"/> To Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Small Entity Statement  <input type="checkbox"/> Request for Refund         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):  <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           1. Return address postcard for PTO mailroom to date stamp.         </div> </td> </tr> </table>				<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits(s)/declaration(s) <input type="checkbox"/> Extension of time request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Paper <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           1. Return address postcard for PTO mailroom to date stamp.         </div>
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits(s)/declaration(s) <input type="checkbox"/> Extension of time request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Paper <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           1. Return address postcard for PTO mailroom to date stamp.         </div>				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Individual Name		Leo Peters, Reg. No. 33,562, Phone: [+1] 408-433-7475				
Signature						
Date		7-19-04				
CERTIFICATE OF MAILING						
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: July 19, 2004						
Typed or printed name		Manu Kashyap, Phone: [+1] 408-433-7475				
Signature						
		Date	7/19/04			

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PTO/SB/17 (2/03)

Approved for use through 9/30/2000. OMB 0551-0032

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**FEE TRANSMITTAL**

Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$):

0

## Complete if Known

Application Number	10/635,015
Filing Date	August-04, 2003
First Named Inventor	Christopher Hamlin
Group Art Unit	2131
Examiner Name	
Attorney Docket No.	/ 03-0340

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payment to:

Deposit Account Number

12-2252

Deposit Account Number

LSI LOGIC CORPORATION



Charge Any Additional Fee required Under 37



Charge the Issue Fee Set in 37 C.F.R. 1.18 at the Mailing of the Notice of

2. ☐ Payment Enclosed:



Check



Money Order



Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Larg eFee Code	Entit yFee (\$)	Larg eFee Code	Entit yFee (\$)	Fee Description	Fee Paid
101	790	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional Filing fee	

SUBTOTAL (1) (\$)

0.00

## 2. EXTRA CLAIM FEES

Total claim	Extra Claim	Fee from below	Fee Paid
Independent	-20**=		
Multiple Dependent	-3**=		

\*\*or number previously paid, if greater; For Reissues, see below

Larg eFee Code	Entit yFee (\$)	Larg eFee Code	Entit yFee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	**Reissue independent claims over original patent
110	22	210	11	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

0.00

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Larg eFee Code	Entit yFee (\$)	Larg eFee Code	Entit yFee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
138	130	138	130	Non-English specification	
147	2,520	147	2,520	For filing request for reexamination	
112	920*	112	920	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	950	217	475	Extension for reply within third month	
118	1510	218	755	Extension for reply within fourth month	
128	2,080	228	1,030	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,320	241	660	Petition to revive - unintentional	
142	1,320	242	660	Utility issue fee (or reissue)	
143	450	243	225	Design issue fee	
144	670	244	335	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional application	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129)	
149	790	249	395	For each additional invention to be examined (37 CFR 1.129 (b))	

Other fee (specify)

Other fee (specify)

SUBTOTAL (3) (\$)

\*Reduced by Basic Filing Fee Paid

## SUBMITTED BY

Typed or printed name

Leo Peters

Signature

Date

7-19-04

## Complete (if applicable)

Reg. Number

33,562

Deposit Account User ID

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PAGE 3/5 \* RCVD AT 7/19/2004 4:50:07 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXF-1/4 \* DNIS:8729306 \* CSID:408 433 7460 \* DURATION (mm:ss):01:32

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